# Arizona School Facilities Board

# DAVIS-BACON Required Document Submission SAMPLE GUIDE

# For use by Subcontractor #1

Please refer to next page to determine applicability.

# **Contains Samples of:**

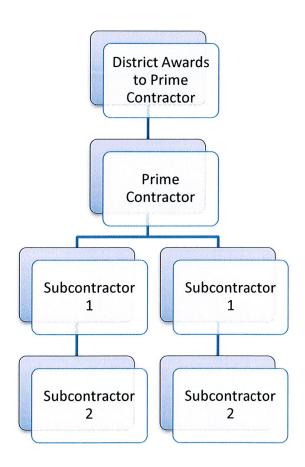
## **Initial Documents**

- SF1413 Statement and Acknowledgment
- Labor Standards Certification form

# **Certified Payroll Submissions**

- WH-347 U.S. Dept. of Labor Payroll Form
- Authorized Deduction form (use when applicable)
- Fringe Benefit form (use when applicable)

# Sample Prime Contractor and Subcontractor Hierarchal Relationship



For the purposes of this Sample Guide, the chart above represents a simplistic version of a Prime and Subcontractor relationship hierarchy. This should be used only to determine appropriate placement of contractor information within the Davis-Bacon Initial Documents and the accompanying Certified Payrolls submissions.

# **IMPORTANT**

# General things to remember:

- ✓ All documents must be submitted through the Prime Contractor.

  Subs should not submit to the SFB directly. Prime Contractors are responsible for reviewing the documentation for completeness and accuracy before forwarding to the SFB.
- ✓ <u>All</u> documents must be originals with wet-ink signatures. Faxes and emails cannot be accepted.
- ✓ Complete and accurate "Initial" documents must be on file before certified payrolls can be accepted.
- ✓ Do not submit documentation that is incomplete. If a signature or other vital information is missing, it is considered invalid and you will have to resubmit.
- ✓ Submit in a timely manner to avoid delays.

THIS NUMBER **MUST** REMAIN **UNALTERED** 

### STATEMENT AND ACKNOWLEDGMENT

OMB No.: 9000-0014 Expires: 5/31/2011

Prescribed by GSA/FAR (48 CFR) 53.222(e)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat, (VIR), Regulatory and Federal Assistance Division, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction

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4. PRIME	4. PRIME CONTRACTOR			5. SUBCONTR	ACTOR		
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**NOTE:** ITEMS HIGHLIGHTED IN YELLOW MUST REMAIN UNALTERED

# LABOR STANDARDS CERTIFICATION (1 of 2)

Revised 8/10/09

	Commer	ce Contract	#:	1057-09		
This certifies that	SUBC	CONTRACTO	R #1 NAME			
State		(Company Na	me)			
has been contracted by:	PRIM	IE CONTRAC	TOR NAME			
1		(Firm/Agene	у)			
as a (check one)	prime contractor lower-tier contractor	X	sub-contract other	or		
Sub-Grantee: School	Facilities Board					
Nature of Work: State E	nergy Program					
Work is expected to begin or	n:	MM/DD/Y				
		(Month, Day, Y	ear)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
As a legally authorized repre	sentative of the company	, I certify/ ac	knowledge that			
The Labor Standards Provincerporated into the contract	그리고 있는 아이 아이 나를 하는 것 같아. 그리고 있는 것 같아 없는 이렇게 되었다면 하다?			Decision hav ntioned projec		
2. Neither the above contract firm is ineligible to the awar or 29 CFR 5.12(a)(1).		ESSECT ADDRESS TO THE	io has i intere			
3. No part of this contr.  Government contract by virt						
4. The penalties for making	false statements is prescri	bed in the U.	S. Criminal Co	de, 18 U.S.C.	1001.	
5. The information for the fir	rm contracted is:	OTE: FORM	1 WILL BE INC	COMPLETE	WITHOUT	THE SUB-
	СО	NTRACTOR	R #1 INFORM	ATION IN S	ECTIONS 5	-7 BELOW
Legal Name:	L					<u></u>
Phone Number:		Fax Numbe	r			
Business Address:						
	(Street)		(City/State	a/Zip)		
6. Business Federal Tax ID	#:					
7. Contractors License #:			_		Page 1 of 2	
						)

# LABOR STANDARDS CERTIFICATION (2 of 2)

	8. The contracted firm is a (check one):	
	Proprietorship	Partnership
	Division or Subidiary of:	
CHECK THE ITEM T	HAT APPLIES	1
TO SUBCONTRA	ACTOR 1Corporation, incorporated in the	ne state of:
	Other (please describe):	
	9. The legal names, titles, and addresses of the owner(s), 1	partner(s) or officer(s) of the company are:
	NAME, TITLE, BUSINESS ADDRESS	minicity, or ornerity of the company are
	NAME, TITLE, BUSINESS ADDRESS	
	NAME, TITLE, BUSINESS ADDRESS	
	10. The designated appointee, NAME OF PER	RSON BEING APPOINTED BELOW
	whose signature apears below, is appointed to supervise the	3
	는 사용을 마이크레이트 다른 구성을 마이크림을 불어지고 있다는 것으로 하는 것 되는 것이 되는 것으로 하는 것으로	, at least, this appointee is in a position to have
	full knowledge of the facts set forth in the payroll docume	
	apointee is to execute, and with the Copeland Act.	
	Notary Public- COMPANY OFFICIAL'S CERTIFI	CATION
	COMPANI OFFICIAL'S CERTIFI	CATION
COMPANY		
OFFICIAL	(Signature of Company Official)	(Title)
INFORMATION	The second secon	
	(Printed Name)	(Date)
(		
	Subscribe and sworn to be ne o s da :	
NOTARY INFO AND		(Date)
STAMP REQUIRED		
	(Signature of Notary Public)	(Commission Expiration Date)
	Notary Public- APPOINTEE'S CERTIFICAT	ION
	This is to certify that I have read and do understand the La	bor Standards Provisions and related matters
	as they apply to the project stated.	
APPOINTEE	(Signature of Appointee)	(Title)
INFORMATION	(Signature of Appointee)	(Tibe)
(	(Printed Name)	(Date)
(		
NOTARY INFO AND	Subscribe and sworn to before me on this date:	
STAMP REQUIRED		(Date)
STAINT REQUIRED	Grand Charles	
	(Signature of Notary Public)	(Commission Expiration Date)

# MUST MATCH AN OPTION IN THE WORK CLASSIFICATION NAME **GENERAL WAGE DECISION**

U.S. Department of Labor

PAYROLL

**MUST REMAIN** THIS NUMBER UNALTERED

Wage and Hour Division **Employment Standards Administration** PAYROLL NO. NAME OF CONTRACTOR JOE SMITH #1234 NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER JOHN SMITH #2345 3 OR SUBCONTRACTOR SUBCONTRACTOR NAME NO. OF WITHHOLDING EXEMPTIONS 0 N ELECTRICIAN/ WIREMAN WORK (For Contractor's Optional Use, See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm) LABORER: GENERAL/ CLEANUP FOR WEEK ENDING Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. 3 Ŧ 60 0 60 0 60 0 0 0 0 63 0 0 0 OT. OR ST 0 53/19/2011 3/13 4.00 100 OURS WORKED EACH DAY 3/14 3/15 3/16 3/17 3/18 3/19 MTWThF (4) DAY AND DATE 800 7.00 5.00 3.00 ADDRESS OF SUBCONTRACTOR LOCATION NAME, SPECIFIC STREET ADDRESS FOR LOCATION 17.00 HOURS 12.00 Û \$32.63 \$14.28 PATE OF PAY ô \$554.71 9517136 GROSS AMOUNT EARNED \$1,589.67 3 \$912.32 \$5.78 \$357 FICA \$130.27 HOLDING TAX \$36.44 (B) DEDUCTIONS 1057-09 PROJECT OR CONTRACT NO. OTHER U.S. Wage and Hour Division TOTAL DEDUCTIONS \$136.05 OMB No.: 1215-0149 Expires: 12/31/2011 Expires: Rev. Dec. 2008 \$40.01 WAGES PAID FOR WEEK \$1,453.57 \$872.31 (9)

While completion of Form WH-3-47 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information contractors one contractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid such employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(a)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for of financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer of medianto has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and thinge benefits.

# Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructors, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Lator, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

# \*TERM "APPOINTEE" REFERS TO THE APPOINTEE ON THE LABOR STANDARDS CERTIFICATION

ON THE LABOR ST.	ON THE LABOR STANDARDS CERTIFICATION	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	CASH
I, NAME OF APPOINTEE TITLE	TITLE OF APPOINTEE	Each laborer or mechanic list	ed in the above referenced navroll has been paid
(Name of Signatory Party) do hereby state:	(Title)	13	Lack resource or increasing used in the above referenced payon has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in section 4(a) below.
(1) That I pay or supervise the payment of the persons employed by SURCONTRACTOR NAME		(c) EXCEPTIONS	
(Contractor or Subcontractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
and endir	3 2011	ADD EXEMPTIONS AS NECESSARY	ADD EXPLANATIONS AS NECESSARY
oyed on said project have been paid the full weekly ade either directly or indirectly to or on behalf of said	s earned, that no rebates have		
SUBCONTRACTOR NAME	From the full		
(Contractor or Subcontractor)	- Con the case		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.	nade either directly or indirectly sas defined in Regulations, Part of Act, as amended (48 Stat. 948.		
	2	REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		ADD REMARKS IF APPLICABLE	
(3) That any apprentices employed in the above period are duly registered in a bond fide apprenticeship program registered with a State apprenticeship agency recognized by the Burleau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	ily registered in a born fide recognized by the Bureau of the recognized agency exists in a States Department of Labor.		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	7, 61	NAME AND TITLE  NAME AND TITLE  OF APPOINTEE	SIGNATURE  Abbaintos Signaturo
- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fininge benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, S 31 OF THE UNITED STATES CODE.	OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR PROSECUTION, SEE SECTION 1801 OF TITLE 18 AND SECTION 231 OF TITLE
OPTION (4)(a) <u>or</u> (4)(b) MUST BE	UST BE		
CHECKED, DEPENDING ON APPLICABILITY	PLICABILITY		

NOTE: A (1) DATE/DURATION, (2)
AMOUNT AND (3) PURPOSE MUST
BE INCLUDED FOR EVERY
AUTHORIZED DEDUCTION

### COMPANY LETTERHEAD

### AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law.

	EMPLOYEES NAME:	DATE/ DURATION:	AMOUNT:	PURPOSE:
	(Employees Name)	MONTHLY (Date/ Duration)	(Deduction Amount)	(Purpose)
		WEEKLY	,	V-1
The second second	OF APPROPRIATE //DURATIONS	(Date/ Duration)	(Deduction Amount)	(Purpose)
		(Date/ Duration)	(Deduction Amount)	(Purpose)
		ONE TIME W/E		
		MM/DD/YYYY (Date/ Duration)	(Deduction Amount)	(Purpose)
THIS SECTION MUST BE	Signature of Authorized: Representative of Employer:	and Tisla.		
FILLED OUT ENTIRELY OR FORM WILL BE DEEMED	Print Authorized Representative's Name  Employee's Signature:	and litte:	Date:	
INCOMPLETE	Print Employee's Name and Title:		Date:	

THIS NUMBER MUST **REMAIN** UNALTERED

**PLAN** 

**INFORMATION:** 

ONE PLAN/FRINGE **BENEFIT PER** 

SHEET

### **FRINGE BENEFITS**

This document must be completed for each fringe benefit plan the employer participates in on behalf of their employees working on the below listed project.

PROJECT NAME: 1057-09 EMPLOYER: PLAN NAME: TYPE OF PLAN: EFFECTIVE DATE of PLAN: (NAME, ADDRESS & PHONE # OF PLAN ADMINISTRATOR) NAME, ADDRESS & PHONE # OF PLAN TRUSTEE/CUSTODIAN) EMPLOYEE NAME or TRADE CLASSIFICATION FREQUENCY **EMPLOYERS** CONTRIBUTION (HOUR, WEEK, MONTH) Company Representative Date: SIGNATURE OF COMPANY

REPRESENTATIVE AND DATE REQUIRED

**EMPLOYEE INFORMATION:** 

**MULTIPLE EMPLOYEES** MAY BE LISTED

# Mail Davis-Bacon documents and payroll submissions to:

Arizona School Facilities Board
ATTN: \_\_\_\_\_

1700 W. Washington, Suite 230
Phoenix, AZ 85007

# For Davis-Bacon questions or concerns please contact:

# **Estella Robinson**

Office: (602)542-6144

Email: erobinson@azsfb.gov

OR

# **Carissa Kephart**

Office: (602)542-6163

Email: ckephart@azsfb.gov